

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

09

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		59453.10
(b) Cash on Hand at Beginning of Reporting Period	68524.49	
(c) Total Receipts (from Line 19)	17125.58	236036.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	85650.07	295489.11
7. Total Disbursements (from Line 31)	13500.00	223339.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72150.07	72150.07
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7780.96	80293.91
(ii) Unitemized	4344.62	26742.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12125.58	107036.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	129000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17125.58	236036.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17125.58	236036.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17125.58	236036.01

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	1173.54	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1173.54	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	218665.50	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	3500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13500.00	223339.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	223339.04	

III. Net Contributions/Operating Expenditures	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17125.58	236036.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17125.58	236036.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1173.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1173.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Donald T. Lyons

Mailing Address 5553 Beechtree Drive

City

West Des Moines

State

IA

Zip Code

50266-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sammons Financial Group

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41476908

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. C. Michael Haley

Mailing Address 160 N. Euclid

City

Oak Park

State

IL

Zip Code

60302-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sammons Financial Group

Occupation

Senior Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41476909

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Curt Hagelman

Mailing Address 5425 Tivoli Drive

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hannover Life Reassurance
Company of A

Occupation

Senior Vice President, CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41476939

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Howard V. Neff

Mailing Address 29 Equestrian Lane

City

East Falmouth

State

MA

Zip Code

02536-7903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Mutual Life Insura-
nce Company

Occupation

Vice President, Real Estate and CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 1

Transaction ID: 41487543

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric J. Bernazzani

Mailing Address 215 Shaw Ave

City

Abington

State

MA

Zip Code

02351-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Mutual Life Insura-
nce Company

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41639241

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. D. J. Saltzman

Mailing Address 3852 Hallman Avenue

City

Collegeville

State

PA

Zip Code

19426-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer
London Life Reinsurance
Company

Occupation

Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41639415

Amount of Each Receipt this Period

215.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steven B. Najjar

Mailing Address 2145 Alaqua Lakes Blvd.

City

Longwood

State

FL

Zip Code

32779-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hannover Life Reassurance
Company of A

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 1

Transaction ID: 41805031

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Jeff Burt

Mailing Address 9124 MidPines Court

City

Orlando

State

FL

Zip Code

32819-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hannover Life Reassurance
Company of A

Occupation

EVP, financial Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: 42004892

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1156427122631

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Craig D. Simms

Mailing Address 31 Quail Hollow Drive

City

Southington

State

CT

Zip Code

06489-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vantis Life Insurance Com-
pany

Occupation

Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1503559922631

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vantis Life Insurance Com-
pany

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.81

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1503560122631

Amount of Each Receipt this Period

53.86

P/R Deduction (\$26.93 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2955.84

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1550105922631

Amount of Each Receipt this Period

369.48

P/R Deduction (\$184.74 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

453.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Neill Jr., Jr.

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1554864822631

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Gail S. Steinberg

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1565786722631

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1647849722631

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Kathleen F. Kiernan-Pagani

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.39

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1728112722631

Amount of Each Receipt this Period

152.30

P/R Deduction (\$76.15 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1821819622631

Amount of Each Receipt this Period

187.50

P/R Deduction (\$93.75 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

The Honora Dirk A. Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1871324522631

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

756.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2708.29

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR1872428322631

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771358222631

Amount of Each Receipt this Period

310.00

P/R Deduction (\$155.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.29

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771362422631

Amount of Each Receipt this Period

107.16

P/R Deduction (\$53.58 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

833.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771365422631

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice Pres., Legislative & Regulatory I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.07

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771369022631

Amount of Each Receipt this Period

59.26

P/R Deduction (\$29.63 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771373222631

Amount of Each Receipt this Period

286.46

P/R Deduction (\$143.23 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

405.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.16

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771373522631

Amount of Each Receipt this Period

57.52

P/R Deduction (\$28.76 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1241.29

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771374022631

Amount of Each Receipt this Period

155.16

P/R Deduction (\$77.58 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771374322631

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

242.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771376822631

Amount of Each Receipt this Period

50.84

P/R Deduction (\$25.42 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771377122631

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kimberly O. Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771395122631

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

667.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1498.08

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771419322631

Amount of Each Receipt this Period

187.26

P/R Deduction (\$93.63 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771419922631

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy L. Smith

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771420022631

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

367.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771421022631

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771421122631

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771423222631

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.35

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771428722631

Amount of Each Receipt this Period

130.42

P/R Deduction (\$65.21 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006.07

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771428922631

Amount of Each Receipt this Period

250.76

P/R Deduction (\$125.38 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771444322631

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

561.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771444922631

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Andrew M. Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Managing Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771445822631

Amount of Each Receipt this Period

37.50

P/R Deduction (\$18.75 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771449622631

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

127.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR771450122631

Amount of Each Receipt this Period

31.34

P/R Deduction (\$15.67 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR805149122631

Amount of Each Receipt this Period

229.16

P/R Deduction (\$114.58 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Wayne A. Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR904819522631

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

310.50

TOTAL This Period (last page this line number only)

7780.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thrivent Financial PAC

Mailing Address P.O. Box 1892

City

Appleton

State

WI

Zip Code

54912

FEC ID number of contributing
federal political committee.

C

C00121319

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 1

Transaction ID: 41501700

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Johnson for South Dakota

Mailing Address 420 C Street, NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Tim Johnson

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: 41484435

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Defend America PAC

Mailing Address 228 South Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 41484439

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Carper for Senate

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Thomas Carper

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Transaction ID: 41484443

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate Mailing Address PO Box 1948	Transaction ID: 41484444 Date of Disbursement <div> <div>08</div> <div>03</div> <div>2011</div> </div>
City Boise State ID Zip Code 83701 Purpose of Disbursement <div>011</div> Category/Type Candidate Name Michael Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City Roseville State MI Zip Code 48066 Purpose of Disbursement <div>011</div> Category/Type Candidate Name Rep. Sander Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	Transaction ID: 41484455 Date of Disbursement <div> <div>08</div> <div>03</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>2000.00</div>
C. Full Name (Last, First, Middle Initial) McConnell Senate Committee Mailing Address 400 N. Capitol Street Suite 585 City Washington State DC Zip Code 20001 Purpose of Disbursement <div>011</div> Category/Type Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 41484459 Date of Disbursement <div> <div>08</div> <div>03</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Erik Paulsen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: 41484460

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Sherrod Brown

Mailing Address PO Box 76187
Suite 800

City State Zip Code
Washington DC 20013

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Sherrod Brown

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 41484461

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City State Zip Code
Mineola NY 11501

Purpose of Disbursement

011

Category/
Type

Candidate Name
Carolyn McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: 41484473

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Ryan for Congress

Mailing Address P.O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement

Candidate Name
Paul Ryan

Office Sought: ☒ House
☐ Senate
☐ President

State: WI

District: 01

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 41484474

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

13500.00